

MDR Tracking Number: M5-04-2685-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on April 26, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 04-26-04, therefore the following date(s) of service are not timely: 04-23-03 through 04-25-03.

According to correspondence from the requestor, Dr. K received on September 29, 2004, CPT code 99212 for date of service 07-08-03 has been withdrawn from the dispute, therefore, will not be addressed in this review.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the joint mobilization, myofascial release, ultrasound therapy, paraffin bath, diathermy, electrical stimulation, chiropractic manipulative therapy extra spinal 1 or more regions, CMT spinal 1 to 2 regions, therapeutic exercises, hot/cold pack therapy, manual therapy, massage therapy, office visits, electrical stimulation from 04-28-03 through 09-11-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 28, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
05-09-03	97265	No EOB	\$43.00	1996 MFG, TWCC Rules	Review of the requesters' and respondent's documentation revealed that neither party submitted copies of EOB's. However, review of the recon HCFA reflected proof of submission.

				133.304 &133.07	Therefore, the disputed service or services will be reviewed according to the 96 Fee Guideline. Recommend reimbursement of \$43.00.
05-15-03	99080-73	No EOB	\$15.00	1996 MFG, TWCC Rule 129.5 & 133.307	Review of the requesters' and respondents' documentation revealed that neither party submitted copies of EOB's. However, review of the recon HCFA reflected proof of submission. Therefore, the disputed service or services will be reviewed according to the 96 Fee Guideline. Recommend reimbursement of \$15.00.
08-12-03	99080-73	No EOB	\$15.00	1996 MFG TWCC Rule 129.5 & 133.307	Review of the requesters' and respondents' documentation revealed that neither party submitted copies of EOB's. However, review of the recon HCFA reflected proof of submission. Therefore, the disputed service or services will be reviewed according to the 96 Fee Guideline. Recommend reimbursement of \$15.00.
TOTAL		The requestor is entitled to reimbursement of \$73.00			

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 05-09-03 and 08-12-03 in this dispute.

This Order is hereby issued this 1st day of October 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 22, 2004

Re: IRO Case # M5-04-2685

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 2/27/03 – 7/8/03
2. Explanation of benefits
3. TWCC-69 reports

4. Chiropractic treatment clinic notes
5. Prescription for physical therapy
6. IME 10/2/03
7. Reviews 10/21/03, 7/8/03, 11/20/03
8. Report 10/15/03
9. D.C. treatment notes
10. M.D. reports and prescription

History

The patient injured her left wrist and knee in ____ when she was walking down a ramp and fell, landing on her left wrist and knee. She initially sought chiropractic care on 3/28/03. She was also seen by several M.D.s for medication, and MRI, electrodiagnostic testing and injections.

Requested Service(s)

Joint mobilization, myofascial release, ultrasound therapy, paraffin bath, diathermy, electrical stimulation, chiropractic manipulative therapy extraspinal 1 or more regions, CMT spinal 1 to 2 regions, therapeutic exercises, hot/cold pack therapy, manual therapy, massage therapy, office visits, electrical stimulation 4/28/03 – 9/11/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received an adequate trial of chiropractic treatment some four weeks prior to the dates in dispute with poor results. The patient had preexisting degenerative arthritis of the left knee that was aggravated by the fall. Her obesity also complicated her recovery. Based on the records provided for this review, the patient suffered from a minor sprain/strain injury of the left wrist and knee that should have responded in some way, with appropriate treatment, in 4-6 weeks. The records failed to show any functional gains and/or relief of symptoms prior to the dates in dispute.

Almost seven months after treatment was initiated, the patient still had a left knee VAS of 8/10 with persistent swelling, weakness, locking, numbness, sleepless nights and grinding, indicating that treatment had failed to be beneficial. The records failed to show the necessity of continued treatment past the initial four weeks with regard to range of motion, strength and orthopedic testing. Based on the records provided, the patient either should have been released from chiropractic treatment after the initial four weeks and put on a home based exercise program, or she should have been referred for medical evaluation and treatment. The treatment in dispute was inappropriate and excessive.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.